

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-515)

SERIAL NO.

10/575620

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	2	←		←		←
TOTAL CLAIMS	5					
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TOTAL DEP.		←		←		←
TOTAL CLAIMS						